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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### SUMMARY OF 354 CASES OF WOMB-DISEASE AND APHORISMS OF UTERINE THERAPEUTICS.

(From a Treatise on Hysterology in Preparation.)

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By analyzing the cases that have, individually, been the subject of study in the foregoing pages, and by grouping in a tabular form their more salient and distinctive characteristics, the *tout ensemble* of womb-disease may be presented at a glance. Thus the more important particulars, which can only be gathered by consulting the cases in detail, may be brought distinctly into view, the whole subject embraced in a small compass, and the principal facts epitomized in a few words.

These cases, considerable in number, recorded by assistants conversant with the facts observed in a public clinique, by medical men and students, and investigated and treated, as far as possible, without the warping influence of bias, or the blinding power of preconceived opinions, and with the sole purpose of transcribing, accurately, the histories of disease, and the results of treatment, ought by right to challenge attention, and receive a larger share of regard than is awarded to statements based upon ideal data and deductions, having no premises more reliable than the general impressions and current opinions of writers.

As will appear, this summary invalidates the doctrines generally held by uterine specialists, sanctions conclusions at variance with their teachings, and, in as far as clinical data are authoritative, demonstrates certain propositions in hysterology that are irrefutable except by a like record.

### TABLE OF CASES.

|                        |         |                          |     |
|------------------------|---------|--------------------------|-----|
| Whole No. of cases...  | 361     | COMPLICATIONS IN THE 354 |     |
| Cases, written.....    | 77      | UTERINE CASES.           |     |
| " tabulated.....       | 284     | Prolapsus uteri.....     | 103 |
| " uterine.....         | 350     | " vesicle.....           | 53  |
| Old cases treated a    |         | Vaginocele.....          | 23  |
| second time.....       | 4       | Cystocele.....           | 8   |
| Old cases non-uterine. | 7       | Cystitis.....            | 1   |
| AGE.                   |         | Procidencia.....         | 10  |
| Oldest.....            | 56 yrs. | Polypus (cervical).....  | 11  |
| Youngest.....          | 18 yrs. | Anteflexion.....         | 6   |
| OF THE UTERINE CASES.  |         | Retroflexion.....        | 1   |
| Nullipara.....         | 77      | Retro-lateral flexion.   | 1   |
| Multipara.....         | 275     | Retroflexion with ret-   |     |
| Unknown.....           | 2       | roversion.....           | 1   |
| Multipara, aborting.   | 120     | Anteversion.....         | 14  |
| " not aborting.        | 149     | Retroversion.....        | 10  |
| " unknown.....         | 6       | Vaginitis.....           | 68  |
| No. children.....      | 896     | HYPERTROPHY.             |     |
| " abortions.....       | 234     | Active.....              | 42  |
| DATE OF MISCARRIAGES.  |         | Passive.....             | 40  |
| Second month.....      | 26      | Mechanical.....          | 7   |
| Third month.....       | 36      | Hyperesthesia.....       | 30  |
| Fourth ".....          | 25      | Enlargement cervix..     | 55  |
| Fifth ".....           | 4       | Preternatural length     |     |
| Unknown.....           | 83      | of cervix.....           | 1   |
| No. examined.....      | 266     | Abscess inner cervix..   | 1   |
| No. not examined.....  | 88      | Narrowing inner cerv-    |     |
| CAUSE.                 |         | vix.....                 | 8   |
| Labor.....             | 120     | Erosion.....             | 87  |
| Abortions.....         | 67      | Vaginismus.....          | 10  |
| Sterility.....         | 26      | Abscess anterior lip..   | 3   |
| Polypus.....           | 11      | Gonorrhœa.....           | 1   |
| Abscess, inner cervix  | 2       | Amenorrhœa.....          | 4   |
| Narrowing " ".....     | 12      | Suppression mensium.     | 2   |
| Preternatural length   |         | " lochium.....           | 4   |
| of cervix.....         | 1       | Vascular tumor.....      | 5   |
| Suppression mensium..  | 13      | Hæmoptysis.....          | 2   |
| " lochium.....         | 5       | Hæmatemesia.....         | 1   |
| Prolapsus.....         | 3       | Adhesion.....            | 1   |
| Procidencia.....       | 2       | Purpura.....             | 1   |
| Anteflexion.....       | 4       | Change of life.....      | 3   |
| Retro-lateral flexion. | 1       | Tuberculosis.....        | 3   |
| Amenorrhœa.....        | 5       | Chronic diarrhœa.....    | 1   |
| Scanty menses.....     | 1       | Pregnancy.....           | 1   |
| Gonorrhœa.....         | 3       | Supposed pregnancy.      | 1   |
| Change of life.....    | 3       | Enlargement thyroid      |     |
| Dysentery.....         | 2       | body.....                | 1   |
| Anæmia.....            | 6       | Epilepsy.....            | 3   |
| Syphilis.....          | 2       | Febris.....              | 5   |
| Debility.....          | 1       | Effusion of lymph (sub   |     |
| Fright.....            | 2       | peritoneal).....         | 2   |
| Destructive caustic..  | 1       | Phlegmasia dolens..      | 1   |
| Metritis, (puerperal). | 1       | Trance.....              | 1   |
| Menorrhagia.....       | 1       | Trismus.....             | 1   |
| Pregnancy.....         | 1       | Angina pectoris.....     | 2   |
| Unknown.....           | 68      | Asthma.....              | 1   |
| DURATION OF DISEASE.   |         | Aphonia.....             | 1   |
| Longest time.....      | 28 yrs. | Pleurisy.....            | 1   |
| Shortest ".....        | 3 days. | Gastralgia.....          | 1   |
| Mean " 3 yrs. 3½ mos.  |         | Laryngismus.....         | 2   |
| No receiving no treat- |         | Rectitis.....            | 1   |
| ment.....              | 86      | Dæmenorrhœa (mem-        |     |
| Pregnant, with ute-    |         | branous).....            | 1   |
| rine disease, no       |         | Semi paralysis.....      | 1   |
| treatment.....         | 7       | OF THE 219 CASES TREATED |     |
| No. receiving consti-  |         | LOCALLY.                 |     |
| tutional treatment.    |         | Cured.....               | 161 |
| No. receiving local    |         | Benefited.....           | 15  |
| treatment.....         | 219     | Interrupted.....         | 37  |

| OF THE 219 CASES TREATED LOCALLY.  |   | COMPLICATIONS IN 165 CASES CURED BY LOCAL TREATMENT. |    |
|--|---|--|----|
| Cured by growth of ovarian tumor.....                                    | 1 | Retro-lateral flexion.....                           | 1  |
| Cured by change of climate.....  | 1 | Retroflexion with retroversion.....                  | 1  |
| Old cases cured second time.....   | 4 | Anteversion.....                                     | 11 |
| DURATION TREATMENT IN CASES CURED.                                       |   | Retroversion.....                                    | 5  |
| Longest time..... 13 mos   |   | Vaginitis.....                                       | 49 |
| Shortest..... 1 w.k.   |   | HYPERTROPHY.   |    |
| Mean..... 4 mos. 22 days.  |   | Active.....  | 30 |
| OF THE 19 CASES OF NON-INVOLUTION IN 4TH CLASS TREATED CONSTITUTIONALLY. |   | Passive.....   | 6  |
| Cured..... 10  |   | Mechanical.....                                      | 4  |
| Benefited..... 3   |   | Hyperæsthesia.....                                   | 18 |
| Interrupted..... 6   |   | Enlargement cervix.....                              | 42 |
| Pregnancy resulted..... 5  |   | Præternatural length of cervix.....                  | 1  |
| IN THE 15 CASES CURED BY LOCAL TREATMENT.                                |   | Erosion.....   | 32 |
| Pregnancy resulted in multiparæ..... 38                                  |   | Vaginismus.....                                      | 9  |
| Pregnancy resulted in nulliparæ..... 4                                   |   | Narrowing inner cervix.....                          | 3  |
| COMPLICATIONS IN 165 CASES CURED BY LOCAL TREATMENT.                     |   | Access of inner cervix.....                          | 1  |
| Prolapsus uteri..... 62  |   | Abcess of anterior lip.....                          | 1  |
| Pessary required..... 14   |   | Polypus.....   | 2  |
| " not required..... 48   |   | Gonorrhœa.....                                       | 5  |
| Prolapsus vesicæ..... 34   |   | Vascular tumor.....                                  | 2  |
| Pessary required..... 4  |   | Amorrhœa.....  | 2  |
| " not required..... 10   |   | Purpura.....   | 1  |
| Vaginocele..... 10   |   | Hæmoptysis.....                                      | 1  |
| Pessary required..... 5  |   | Hæmatemesis.....                                     | 1  |
| " not required..... 4  |   | Semi-paralysis.....                                  | 1  |
| Cystocele..... 14  |   | Chronic diarrhœa.....                                | 1  |
| Pessary required..... 5  |   | Enlargement thyroid body.....                        | 1  |
| " not required..... 9  |   | Fibroids.....  | 5  |
| Cystitis..... 1  |   | Effusion lymph (sub-peritoneal).....                 | 2  |
| Procidentia..... 1   |   | Asthma.....  | 1  |
| Pessary required..... 5  |   | Laryngismus.....                                     | 1  |
| Antiflexion..... 5   |   | Aphonia.....   | 1  |
| Retroflexion..... 1  |   | Angina pectoris.....                                 | 2  |
|  |   | Pleurodynia.....                                     | 1  |
|  |   | Gastralgia.....                                      | 1  |
|  |   | Dysmenorrhœa (membranous).....                       | 1  |

## APHORISMS OF UTERINE THERAPEUTICS.

From a careful collation, comparison and sifting of the evidence offered by the general record, as in the *résumé*, above given, of the chief particulars of each case, are derived, as legitimate deductions, the following aphorisms of uterine therapeutics. These aphorisms, stated for the sake of brevity and compactness, in the form of propositions, comprehend the pathology, ætiology, diagnosis, prognosis and therapeutics of womb-disease, and announce the cardinal principles, that should be the point of departure, the basis of operations, the guide of every remedial effort for the subdual of disease and the restoration of the vital forces, the nerve-power and the blood-supply to their proper balance and healthful rhythm.

1. Uterine disease invariably falls within the limits of the menstrual age, neither arising before the advent, nor continuing after the decline of this epoch. In no case did the attack precede puberty, or follow the climacteric period; the youngest subject under treatment being 18 and the oldest 56 years of age.

2. The sexual life, circumscribing the range of morbid actions, and alone presenting the

conditions requisite for their inception and continuance, the pathology hinges on the new order of things inaugurated with the menses.

3. A change of life—a retrograde step by which the internal genitalia return to their original condition, is Nature's mode of cure—a mode invariably certain.

4. This cure, radical and permanent, is effected by the withdrawal of the sexual instinct, retrocession of nerve and blood-force, cessation of ovulation, involution (climacteric) of the uterus and vagina, in a word, by the abolition of the physiological laws of puberty and a return to those of childhood. Now the laws of nutrition, common to all parts, are alone operative.

5. During the child-bearing period, a chronic congestion has no tendency to a spontaneous resolution, except on the occurrence of pregnancy, since the continuous aspiration of blood to the female organs, by the ovarian stimulus and the intermittent but greater influx attending animal desire, and the monthly nidus, keep alive and ever renew the congestion.

6. Pregnancy, by instituting physiological laws, as much higher than those of puberty, as the laws of puberty are higher than those of general nutrition, may over-ride and over-master a congestion, active and morbid, by substituting one active and normal; and then, involution on delivery, by instituting other laws for the removal of effete tissue, may restore the uterus to a healthy state, by substituting a normal atrophy for the hypertrophy.

7. Recent cases of congestion, occasioned by suppression of the menses, by an interruption to the initial steps of involution at the termination of pregnancy, either before, or at term, or by other like causes, operating in a like manner, are many times cured by a free, spontaneous hemorrhage, menorrhagic or metrorrhagic.

8. Chronic cases of congestion are not benefited by a menorrhagia, or a metrorrhagia, the discharge being a mere leakage from over-charged vessels that have lost their contractility.

9. General remedies are efficient in removing a recent congestion and in promoting involution, directly following delivery, especially when aided by a copious hemorrhage or menstrual flow.

10. Local treatment is demanded in all cases of womb disease of a chronic nature and in many of recent origin.

11. Local treatment is of equal efficacy in combating the constitutional, as the pelvic disorders, and is of itself competent to cure the patient.

12. The constitutional treatment may, in confirmed cases, aid the local, but cannot, if employed alone, be other than delusive and temporizing.

13. The substratum, the remote causation, the germ of uterine disease, is a perversion of function.

14. The results of this perversion—physiological laws broken and thrown into disorder—are the only morbid conditions found in any case; in other words, the pathology is comprised in the confusion and aberration of normal operations.

15. The physiological congestion of menstruation, intermittent and temporary, is converted into a pathological congestion continued and permanent.

16. In nulliparæ, the morbid operations are limited to this persistent vascular fullness.

17. In multiparæ, the laws of pregnancy having, once or more, superseded those of menstruation, and imparted a new life-force, there exists not only vascular fullness, but certain structural alterations simulating those peculiar to conception, to wit: increased nutrition, formation of muscular fibres, growth and exuviation of the true uterine mucous membrane, etc.

18. The immediate causes of this vascular fullness are of two orders: the one impedes, disturbs, or interrupts, the physiological laws of menstruation; the other those of involution.

19. Uterine disease being physiological obliquity, a straying of organic forces in devious courses, is restricted within the bounds of a congestion. Inflammation and its products are only met with when the organs contiguous to the uterus are implicated, as for example, in pelvic cellulitis.

20. A judicious treatment restores the uterus, vagina and ovaries to a state of integrity, in which the menses are normal, pregnancy possible, and all local and general symptoms absent.

21. The duration of uterine disease may be co-extensive with that of the menses, unless pregnancy or art interferes. The longest time recorded is 28 years, the shortest, 3 days, the mean, 3 years, and  $3\frac{1}{2}$  months.

22. The prognosis, even with the unfavor-

able surroundings of a dispensary practice, is extremely flattering. Of the 219 cases (the 4 recorded as a recurrence of the disease being added) treated locally, 165 were cured and 15 benefited. One recovered by a change of climate, and one by the growth of an ovarian tumor. The result in the 37 cases remaining is, from a discontinuance of the treatment, unknown.

23. That the success was greater than appears by these figures is shown by the rarity of relapses.

24. It may safely be premised that, in private practice, 85 to 90 per cent. of uterine cases, admit of a perfect restoration to health.

25. In multiparæ, and also in nulliparæ, when the cervical glands are alone affected, a favorable result is nearly certain, unless organic disease co-exists. Excluding class VII, there remain 196 cases treated locally, of which 155 were cured and 10 benefited. In one case a cure was effected by the growth of an ovarian tumor. In 30 cases the result is unknown.

26. In nulliparæ, a chronic congestion is difficult to remove and prone to return. Of these cases treated locally, 23 in number, 10 were cured, 5 benefited, and 7 abandoned treatment. One patient was cured by a change of climate.

27. The direct effect, and the ultimate result of treatment, cannot, with any degree of certainty, be predicted of the nulliparous uterus; but in the multiparous, the prognosis is more favorable in uterine than in any other disease of a like gravity.

28. As unlike many other pathological states, chronic uterine congestion has, of itself, no tendency to recovery; a cure, if effected, may be rightfully claimed by the physician as due to his treatment, and not to an effort of Nature.

29. By a cure is meant a restoration of the general health, as well as of the genitalia to a normal condition—one in which each organ of the body regains its proper status and functional activity.

30. The duration of the treatment of the cases cured, belonging to classes I--VI inclusive, averaged about  $3\frac{1}{2}$  months; the longest time being  $2\frac{1}{2}$  years, and the shortest one week.

31. The duration of treatment of the cases cured belonging to class VII, average 6

months and 5 days; the longest time being 1½ years, and the shortest 5 weeks.

32. A multiparous uterus that, like a nulliparous, remains under the stimulus of congestion, dense and unyielding, and presents a neck of the natural shape and a body of the natural bulk, is with great difficulty relieved of disease. Such a case, too often, foils the best directed and the most persistent efforts.

33. Erosion, puffiness, enlargement and elongation of the cervix, and hypertrophy of the corpus uteri, showing, as they do, a more spongy and succulent state of the uterine fibres, and consequently a less degree of tension and irritability of the nerves, are favorable occurrences.

34. Vaginitis is part and parcel of uterine congestion, and is due to a repletion of the erectile coat of the vagina. This repletion distending the vascular papillæ, induces mucous inflammation, which, being consecutive, abates proportionately with the under-lying congestion that feeds the papillæ, but is not benefited by a specific treatment. Of the 165 cases cured, 40 had this complication.

35. Prolapsus of the uterus or bladder, in the cases cured, existed 96 times. Of these, 18 required the use of a pessary.

36. Procidencia, cystocele or vaginocoele, in the cases cured, existed 24 times. Of these, 20 required the use of a pessary.

37. Anteversion complicated the cases cured 11 times; retroversion, 5; anteflexion, 5; retroflexion, 2; and retroflexion with retroversion, 1. These changes in the position and form of the uterus, on the removal of congestion, gave little or no inconvenience, and in no instance required officious intermeddling.

38. Congestion imparts to displacements and distortions of whatsoever nature their chief significance, and primarily demands attention.

39. Every plan of treatment that does not in the first instance aim to restore the circulation of the internal genitalia to its normal balance and rhythm, is always futile, and sometimes mischievous.

40. The complications attendant on uterine disease are, as a rule, removed with the congestion, if not, the treatment appropriate to each is to be enforced.

#### TREATMENT OF SCARLET FEVER.

By STILES KENNEDY, M. D.,  
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There is no disease that brings with it so much terror and consternation amongst fami-

lies and communities as scarlet fever, and no other disease in this country can compare with it in the suffering, misery, want and neglect of human care which it creates.

Families are often forced to isolate themselves, and undergo the extremest privations. Proper food, pleasant accommodations, and the attendance and sympathy of kind friends are cut off through fear; and when death comes, his first offices are, perhaps, performed by those whom our finer feelings have taught us to relieve. This terrible suffering is due to a popular error regarding the contagiousness and fatality of scarlet fever, and the medical profession would do well to disabuse the public mind on these two points, for they indirectly play a most important part in the management of the disease and the success of treatment.

*Scarlet fever is not contagious.* The best medical minds in this country and in Europe do not consider it so. This position is proved in several ways: the belladonna treatment proves it conclusively; in a great many towns in this country, even now, on the first appearance of scarlet fever the children are all dosed with belladonna, and let run the streets just where they please. The parents and some physicians have confidence in the medicine, and they assume that, because these children do not all take the fever, that the medicine prevented it. The truth is, a very small proportion of children have the disease whether they take the belladonna or not. HAHNEMANN brought out this humbug and some good men were deluded by it, from the fact that a large proportion of children who took it did not take the fever; but after it was thoroughly tested in the public institutions of Germany, France, England and this country, it was thrown aside as worthless. In private practice it has shared no better fate, and the profession is almost a unit as to its inefficiency.

In the next place, scarlet fever is not disseminated like a contagious disease. Last winter it appeared in the east end of this town on the tenth of January in one family; the next case was a mile distant, on the west end of the town on the fifth of February; the next case was in the northwest end of the town, three-fourths of a mile from either place, on the 28th of February; and a month after this, there were two cases in the neighborhood of the first case.

Now, between the first three cases mention-



ed there was not the slightest communication in any possible way. I have examined into this matter closely, and I assert that it was scarcely within the range of possibility for the second case to have caught it from the first, or the third case to have caught the disease from either of the others. Nor did the disease spread around either of these localities, although around two of them children literally swarmed. Now, according to my observation, this is the way the disease always conducts itself—epidemics being put aside—and this agrees with the experience of every intelligent observer with whom I have conversed.

If scarlet fever is so dreadfully contagious, why is it that physicians do not spread it through whole communities?

Frequently, for three months at a time, I have had different cases of the disease under my care, in all stages and of all grades of severity, while at the same time I was attending other families with children; and yet, scarlet fever has not followed me more than any other disease. This testimony is also corroborated by the experience of nearly every physician of my acquaintance with whom I have advised. On the other hand, scarlet fever is not governed or controlled—it holds no amenance to sanitary or quarantine law, as contagious diseases do. The most scrupulous cleanliness by the State and the citizen has no more control over the appearance of this disease than it has over diseases in general.

The highest, closest barricades have no effect upon it, and the strictest seclusion is no more security against it than against the ordinary diseases of our climate. On this point I wish to add the testimony of one of our most prominent medical statisticians:

"In Providence," says Dr. SNOW, "we can go still further, and I think we can prove positively that good ventilation, the greatest cleanliness, perfect freedom from all offensive odors, and every convenience and luxury that wealth can procure, have not the slightest influence in preventing the disease."

Certainly no such language could be used regarding any of the strictly contagious diseases, for we all know it is written in medical history, and rewritten every year, that proper sanitary and quarantine regulations are effective in preventing the spread of those diseases.

From my own practice I have no more evidence that scarlet fever is contagious than I

have that fever and ague, or croup, or dysentery are.

Ten days since I was called to the hills of the Christiana, northwest of this town, to see a child of Mr. Gross with scarlet fever. None of this fever had been within ten miles of the child for many months. Its home has a pure bracing atmosphere, free from all poison; there was no filth, cesspools, or any thing of the sort near the farm. The home was neat, clean and pleasant, and the child had not been from it. The mother had made out the diagnosis in her own mind. When I arrived and confirmed it, she looked at me as if some terrible calamity had befallen her, and asked, "How in the world did my child catch the scarlet fever?"—Hope that it was not scarlet fever, had fled.

Now to answer this question here, would involve a discussion of the causes of the disease, a subject upon which our knowledge is exceedingly limited, and which is not directly pertinent to the object in view. I told the mother, however, that her child caught the scarlet fever just as another of her children caught the chills, and the other the asthma, and as the lady over the hill caught the erysipelas.

"But won't the other children take the fever from this one? They will not take the chills from the other one."

"Certainly not, although all the children may have either one or the other disease. You understand that chills are produced by certain conditions of the atmosphere arising from the low lands, and entirely independent of the exhalations of sick people. Your family are all breathing the same atmosphere, and if their systems are all in the same peculiar condition as this one, you may all have the chills. And the same process of reasoning holds good with the asthma. The bronchial tubes of that child are spasmodically contracted; there is some defection of its nervous system which, ordinarily, is not noticed, but which is developed by certain conditions of the atmosphere. Under the same circumstances you would all have the asthma, and yet each case, as with the chills, would be entirely independent of every other case.

"By applying this analogism to scarlet fever you will find that your family may or may not have it, depending on the severity of the cause—the atmospheric, poison if you choose—and the susceptibility of your family constitution

to such disease ; but, in my opinion, should another case occur here, it would be independent of this case, as would be the case if another of your children should take the chills."

The second error to which I wish to call attention, is the generally received opinion that scarlet fever is far greater in its proportionate rate of mortality than other diseases. Such is not the case. In my practice dysentery, croup and summer-complaint have been more fatal in proportion to the number of cases treated than scarlet fever, and I would to-day rather encounter the latter disease in a family of children than either of the disorders mentioned. Somehow the deaths from scarlet fever are remembered better ; they hang around us ; the impression lasts longer ; while in deaths from other diseases time soon obliterates their remembrance, and unless we have kept our records straight, and refer to them, we think that this disease is much more fatal. Besides, when scarlet fever is prevalent at all there is a tendency amongst some practitioners to work off their fatal cases on the scarlet fever list. A death from almost any disease of the throat—if diphtheria is not about—is sure to get on the mortuary bill of scarlet fever, if there is a case or two of that disease in the neighborhood.

Then, if a child die of any other disease within several months or a year after having had this fever, the death must go on the record as scarlet fever. If neither of the above circumstances exist the latest and most abstruse and scientific ghost is brought out, the scroll unrolled, and the death put down under "latent scarlatina."

Then, again, this idea of the terrible fatality of scarlet fever is encouraged by a class—a lower grade—of practitioners, with the hope of getting up a neighborhood reputation of curing terrible cases.

But the ablest and purest men of the profession in this country and in Europe, do not consider scarlet fever as being but in the very fewest number of cases beyond professional control. In considering this matter, care must be taken not to confound the ratio of deaths from scarlet fever per 1,000 of cases treated, with the ratio per 1,000 deaths from scarlet fever as compared with other diseases.

I am satisfied that a mixing of these calculations, or a want of careful separation of them, and due reflection thereon, has had much to do with creating the terror regarding scar-

let fever. The papers tell us that last year one-sixth of all the deaths in Philadelphia were from this disease. No doubt the number was swollen to this large proportion in the manner already indicated. But the important question is altogether ignored, How many cases were treated? Suppose of 1,000 cases treated 5 per cent. should die, then you have 50 deaths. Now suppose of 1,000 deaths of all diseases 200 of them are from scarlet fever, it would indicate by the first supposition that there had been 4,000 cases of the disease treated. We ponder over the large number of deaths, but we forget the enormous number of cases actually treated. The other 800 deaths may have been derived from 1,200 cases of all other cases treated, instead of 1,000, which is required to make it of the same ratio as of deaths from scarlet fever, leaving one per cent. in favor of the latter disease.

The injury inflicted by these two errors, which have been considered at greater length than was intended, is manifold. Whole communities are thrown into a state of fear and apprehension, a great deal of useless trouble is produced, and the minds of those most likely to become patients are forestalled with unworthy suspicions, while those who may become attendants are filled with wearisome anxiety ; and in the midst of this perturbation, the sufferings of those already sick are neglected. I have heard that in an enlightened Christian community, whose hills are glistening with church spires, whose peaceful fields are studded with school-houses, that little children, sick, suffering, innocent children, have been known to cry for a morsel of food that could be eaten. The thought is sickening that so much sorrow and suffering is produced by these senseless, foolish errors of the terrible contagiousness and fatality of scarlet fever.

Is it any wonder, then, that when we are called to a family where the disease is just contracted we find such terrible forebodings pictured on the faces of parents and so much distress and fright in the patient himself? Here the world is shut out ; ignorance has bolted the doors, and intense prejudices stand guard ; isolation is complete. No kindly neighbors come and go bearing good offices and lively sympathies for the afflicted. Nor dare any member of the stricken family go beyond the shadow of his tenement. The physician comes ; and too often, instead of being

a bulwark of strength, he is a vehicle of weakness; hesitating with doubts, trembling with timidity, and vacillating between crude opinions, he nervously puts out a few powders on the "eliminative" plan, hurries off, and the doors close on another twenty-four hours of grief. No wonder such communities have horrible ideas of scarlet fever.

These extended remarks bring us at last to a consideration of the first principle in the treatment of this disease, namely: an unwavering and inspiring confidence of mastery over the disease, and an honorable and enlightened effort to disabuse the minds of patient and attendant of fear.

Children, even when quite young, possess a natural aptitude or faculty of discerning danger from the looks, actions and conduct of those around them, and often, just as the nurse becomes despondent in hope, sinks in fear and allows grief to manifest itself; just so the patient will sink. On the other hand, I know that I have seen children saved—bought over the shoals of death—by the unshaken, unflinching courage of the attendants.

The physician who fails to constantly inspire hope, cheerfulness and confidence in a successful issue, leaves open an avenue through which alone the enemy may enter and prove victorious.

I would not engender a reckless disregard of circumstances, nor a spirit of bragadocia, but a manly, animating determination to overcome whatever is dangerous that may arise during the course of the disease.

The selection of a proper room is an important matter, and too often entirely overlooked or neglected. Parents with few or no servants want the sick convenient to their work. The sick are then in the midst of the noise of children, the bustle and confusion, often, of domestic duties, the clatter of pans and kettles, the slamming of doors, the screaming of children, and a hundred other noises all fall on the patient's ear. While the doctor is about, all is comparatively quiet, and he is apt to think that it is so in his absence; but if your patient is near the work of a family, you may put it down as next to impossible to have quiet, and quietude is almost essential to successful treatment. It does not cut the disease short, nor does anything else hygienic or remedial that I know of; but it does ameliorate beautifully some of

the severer symptoms of this disease, particularly the nervous and cerebral.

Frequently, in families in more comfortable circumstances, the other extreme is reached, and the little patient is carried up two or three flights of stairs "to where," emphatically, "beyond these visions there is peace," to some gloomy, cold, ill-furnished room—the purgatorial corner of well children; the object being to separate as far as possible the sick from the more fortunate.

I always try to select a room sufficiently removed from the family noise, with windows that command a pleasant scenery, and by all means where the sun can enter, and one in which an even temperature can be maintained. The choice of room is made without any reference to its furniture; but I at once insist that the most cheerful furniture about the house be put into it, especially the curtains, carpet, pictures, vases and bed-spread. All this is a little troublesome, but will seldom be objected to, and most always sensible people will carry out these directions with commendable alacrity, for they understand that it is better to have a little trouble at the onset than to have much, and possibly more serious trouble at the close of the sickness.

These arrangements having been completed, we now give our attention more directly to the patient himself, and we find in ordinary cases high fever; sometimes it is better expressed by the term "raging fever," burning, swollen, and often sore skin, frequently delirium, and nearly invariably an intensely inflamed throat.

Whatever other symptoms the patient may have, these create the alarm and endanger his life. I shall, therefore, separate them sufficiently to give expression to the treatment here contemplated. I propose to treat the fever by the application of

#### WATER.

It is so simple a remedy, so easily applied, grateful to the feelings of the patient, rational to the judgment, and beyond all, so efficacious in controlling—I had almost said curing—the disease, that I ask for it an unbiased consideration and a fair, impartial trial.

Water is no new remedy, as far back in the world's history as its pages are numbered. Amongst all nations, barbaric or enlightened, idolators or Christians, have been found those who confided in the curative properties of water. But their practice was empirical, and

consequently when their assumptions were brought to light, the contumely which drove it again and again into obscurity forbade the stubborn to observe whether after all there was not some good in so simple a remedy. Now we have new and splendid lights before us, and there is no longer any doubt that water is a most potent operative agent in the economy, whether it be diseased or not.

A recital of some facts may not be out of the way here. Drs. BIDDER and SCHMIDT have found that water increases the quantity of bile, solid as well as fluid contents, within an hour after it is drank. A dog was taken, weighing 5 kilogrammes, and fed on the following articles, with the following results :

| Grammes.         | Grammes of Bile. | Of Solid Matter in it. |
|------------------|------------------|------------------------|
| 185 Beef,        | 2.283            | with 0.135             |
| 25 " 158 water.  | 4.039            | " 0.117                |
| 185 water alone. | 5.165            | " 0.143                |

This has been verified by three other experiments.

Water is the quickest and most complete source of muscular power. The porters of the Andes, the most powerful and enduring in the world, habitually drink quite warm water on their journeys. They state that it gives them strength.

Four-fifths of the animal body consists of water. Water is an augment to the quantity and power of the gastric juice, and warm or tepid water is a direct renewer of the secretions of the stomach. (Chambers on the Indigestions.) Standing, therefore, in the midst of a progressive physiology and an enlightened practice, can we wonder, as Dr. CHAMBERS says, "That such a powerful agent has been set upon a pedestal to be worshiped as a panacea for all human ills?" While, with him, rejecting these pretensions, I still acknowledge its power, and I will now enter into some of the details of its application.

#### THE BATH.

In the great majority of all cases of scarlet fever the bath will prove very grateful to the patient. The temperature of the bath, as far as possible, should be arranged to suit the feelings of the patient, if a child. The thermometer should indicate the necessity of the bath. As a rule it may be stated that with the bulb in the axilla and the mercury at 101° F., a bath should be taken of a temperature as low as 60° F., and this may be repeated as often as every third hour, if it is necessary, to keep the temperature of the patient below the point given. Children not accustomed to be-

ing bathed when well, are often so much frightened by water at any temperature that the bath cannot be used.

Dr. LEBERMEISTER, of Basle, uses, in the general hospital of that place, the plunge bath at temperature 54° F. whenever the temperature of the body reaches 102° F. in typhoid fever. In scarlet fever I see no necessity of waiting for such accession of temperature in the body. Nor on the other hand of seeking such a low temperature of the bath; in fact, if the bath is too cold it is apt to set children against it altogether.

Dr. WALTER FERGUS, of Edinburgh, in an article published in the London *Lancet*, something more than a year ago, and extensively copied by American journals, recommends the cold douche bath in cases of extreme development of the rash and burning skin, and inveighs against the early employment of warm baths, until a certain amount of restoration of tone has taken place. It is a great pity that Dr. Fergus did not go more into detail regarding this important element of his practice. No doubt he took it for granted that Englishmen, being countrymen of Carne; who had written years ago the only really scientific work on the use of cold water in acute diseases, and Americans, who speak the same language and draw on the realm for so much of their medical literature, were quite familiar with scientific hydropathy; but, astonishing as it may appear, this important subject has been, and is now suffered to remain in almost absolute neglect, both in private and public practice. Consequently that portion of the gentleman's admirable paper has failed to elicit the attention in the practice of this country that it otherwise would have done.

The sensation of the presence or absence of heat in any substance is relative. Two persons of the normal temperature entering a bath, one will exclaim it to be cool while the other will declare it to be warm. One is shivering, the skin is pale and contracted, the blood has been driven inward; in a few moments, however, reaction has taken place, and he is warm. The other person will experience no such changes. This is due partly to a perfectly normal difference of sensitiveness in different individuals. It is relative in thermometry, but real in therapeutics.

In children this difference is very marked, and it should be pandered to when not contra-indicated, if we are desirous of getting along



without much trouble. For instance, a cool bath of average temperature, say  $67^{\circ}$  Fahr. is ordered to a family of children. One complains that it is too cold, while another screams that it is too warm! The children cry, fuss and worry, thus injuring themselves more than the baths do good. The mother or nurse is not willing to go through another such siege till the doctor comes. When he arrives the story is told. Instead of having three or four baths they have had only one. He gets out of patience and says that if "you expect to please children nothing will ever be accomplished." The baths are dispensed with.

Now I can speak within bounds and say that I have known at least a dozen cases where baths have been attempted and failed at this very point, when a few pints of cold water poured into one bath and a little warm water into the other would have saved all the trouble. Nor would there have been, under proper management, a particle of difference in the result obtained in the lowering of the temperature of the patients.

A child of  $103^{\circ}$  axillary temperature will require to be in a bath of  $67^{\circ}$  about five minutes in order to reduce this temperature to  $101^{\circ}$ . If a bath of  $75^{\circ}$  were taken it would require, say six minutes, and if one of  $60^{\circ}$  were taken it would only require about four minutes to do the same work. These figures are not intended as a rule, but simply to indicate what ought to be done.

Neither must it be supposed that the lowering of temperature takes place only while the patient is in the water; perhaps only  $1^{\circ}$  of heat is disposed of at that time, but the temperature continues to fall for thirty or sixty minutes after the patient is placed in bed. The body will remain in this lower temperature for from one to six or more hours, when it will gradually rise again to its old figure, if let alone; but before it has reached its old height the bath should be given again, and repeated as often as may be necessary to keep the temperature down.

To go back a little, then: if the patient has a burning fever, give him a bath at  $60^{\circ}$  temperature. But if he will not take your bath at this low temperature, still give him one of the temperature of his own choosing anywhere below  $95^{\circ}$ , as I am satisfied that bathing at any temperature below that will do good.

Where the physician thinks it necessary

that the patient should take a bath of a lower temperature than he is willing to, a march may be stolen on him by means of an extra bucket of water and a short piece of India-rubber tubing. The full quantity of water ordinarily employed in the bath-tub is not put in it. The patient, however, is placed in it, and without his knowledge the tube is made into a syphon, and the cold water from the bucket is quietly drawn into the tub. In this way I have been enabled to carry my point against the most obstreperous little fellows; all it requires is a little tact on the part of the nurse.

We now come to a brief consideration of the

#### COLD SHOWER-BATH

as a means of cure in the treatment of scarlet fever. The shower-bath is an improvement and an enlargement of the cold douche spoken of by Dr. Fergus, but is so far superior in every way as to be incomparable to it. It is better adapted to adults and children of discretion, who have a will and good control of it.

To patients, who are either open to reason or under thorough subjection to parental authority, this is the best form of bath. It not only cools down the fever—lowering the temperature of the body—but it arouses the whole nervous system to tonic action, awakens the mental faculties, so that the will and courage of the patient are strengthened, and he appreciates that he is in better condition for the fight, and obtains a consciousness that victory is on his side.

The apparatus for giving the shower-bath is generally not so easily arranged as that for the plunge, still he is a very stupid man who cannot get up a shower-bath in thirty minutes if he have any sort of material. Make an oblong square frame three feet by six. The corner posts need not be more than one and a half or two inches square, while thinner strips will do for cross pieces at top and bottom, and a half-dozen plastering lath nailed on diagonally will stay or stiffen it sufficiently. A width of common cloth may be tacked down three sides, that on the fourth side hanging as a curtain. Bore a two-inch auger-hole through the bottom of a two-shilling water bucket; on the lower side of this hole nail a piece of tin perforated with small holes, on the inside, over the auger hole; tack a soft piece of sole leather by one edge, an inch from the hole, so that it will act as a valve; a

piece of wood with a light weight laid on it is tacked to the valve to keep it down, and to this block is attached a twine to run through a notch cut in the top of the bucket on the same side that the leather is tacked, down to the floor in front of the curtain. Put a large wash-tub in the bottom of your frame, and mount the bucket on the frame by means of cross pieces nailed on, and you are ready for operation.

The shower-bath acts much more rapidly in reducing the pulse and heat than the plunge, even if the latter be of the same temperature. The reason of this is plain; in the shower-bath the water comes directly upon the head, and each portion of water is but the shortest possible time in contact with the surface of the body, when it is rapidly succeeded by others.

In the plunge bath there is almost always, unless care be taken to prevent it, a thin layer of warm water next the body, water heated by the body itself, which breaks the access of and tempers the colder water. This is easily demonstrated.

Put your foot into a bucket of cold water, and keep it still for a minute or two. The first sensation is so intense as to cause you to shiver; this subsides into a feeling of simple coldness, and then in a minute there is a feeling of returning warmth. Now this is neither nervous nor arterial reaction; there is a stratum of water immediately adjoining the limb that has been warmed by the limb, and this breaks the effect of the cold water outside of it; move the foot, and at once the stratum of warm water is broken, the surrounding cold water rushes to the foot, and the same shivering and coldness is reproduced. Constant motion of the water is required or this stratum of warm water may form around the whole person in a plunge bath, and the effects of the bath be very materially lessened; such cannot be the case with the shower bath.

(TO BE CONTINUED.)

#### California State University.

At a meeting of the board of regents, held October 3, the following elections to the chairs of the medical department were duly ratified: Prof. of Surgery, Dr. H. H. Toland; of Physiology, Dr. J. J. LeComte; of Chemistry, Dr. Ezra S. Carr; of Materia Medica, Dr. J. B. Stillman; of Anatomy, Dr. C. T. Buckley; of Clinical Medicine, Dr. J. B. Shorb; of Midwifery, Dr. J. Blake; of Principles and Practice of Medicine, Dr. Thomas Bennett.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

Surgical Service of F. F. MAURY, M. D.,  
One of the Surgeons to the Philadelphia Hospital—  
Lecturer on Cutaneous and Venereal Diseases  
in the Jefferson Medical College, etc.

October 26, 1870.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

#### Circumcision.

GENTLEMEN:—The boy before you you will remember as having been the subject of an operation for redundant foreskin, coexisting with soft chancre. I have often told you that men who indulge in promiscuous intercourse, who are uncleanly, etc., should have as little foreskin as possible, so that no structure may exist upon the penis that will serve to entangle virus. I believe the day is not far distant when circumcision, as among the children of Israel, will be universally practiced. You see what a slightly organ the man now presents in comparison with the phymosed, filthy, and repulsive structure that visited us some weeks ago.

#### Result of Perineal Section.

And now, gentlemen, I will bring before you with certain feelings of pride, I must confess, the man upon whom I performed the operation of perineal section one week ago to-day, in this amphitheatre. Hear his statement, that he is much better, relieved both locally and generally. See his brighter caste of countenance, hear his stronger voice, and feel, as I do, his diminished but fuller pulse, and you cannot wonder that my pride in the result is both legitimate and praiseworthy. These are the cases that call for quick decision, skillful manipulation and careful watching. Probably no case ever brought before you seemed more unpromising than this; a broken, emaciated man, riddled with abscesses, weak from discharge and unnerved with the length and intensity of his suffering. Now, pressure upon his supra-pulvic region gives no pain; before the operation he could scarcely bear the pressure of a finger. No urine escapes to-day through the openings in his rectum, but all the water passes through my opening in his perineum.

This operation was originally suggested by Manzoni, of Verona, early in the present century. Allarton's operation for stone consists in making an incision through the raphe of the perineum, six lines above the verge of the anus, down upon a curved staff with a central groove, the staff being hooked against the pulvis symphysis. The knife, after having reached the staff, is carried toward the bladder, but not into it, when it is withdrawn, enlarging, as it retraces its course, the external opening toward the scrotum, so as to make it altogether from an inch to an inch and a half in length. The operator then

introduces a probe into the bladder, and expands the wound with his finger.

Perineal section is nothing less than the division of the stricture by an external incision, extending down through the urethra, and embracing the whole of the coarctated surface. The method was decried by Mr. Syme, of Edinburgh. The patient is placed in the same position as in operation for stone. A Syme's staff, which simplifies the procedure, is then introduced, and the incision is made in the middle line of the perineum. The knife is plunged into the groove of the staff, and the indurated and contracted tissues cut through their entire extent. In the button-hole operation the sound is introduced to the seat of stricture, and the knife is plunged in at the first stroke to a considerable depth, and then, by successive touches, the parts covering the stricture are divided. Feeling for the end of the staff, the point of the instrument is inserted into the contracted part, which is freely cut in a direction from before backward. After this the case is managed to all intents and purposes as one of lithotomy.

#### Keloid.

And now, gentlemen, after consultation with my colleagues, they agreeing, I have determined to operate to-day upon the mass of keloid which encircles the neck of this man, and with whose history you are all familiar. [This case is fully reported in previous numbers of *THE REPORTER*.—T.] But before my assistant, Dr. Spencer, administers chloroform, I want an understanding between the patient and myself; and between us both and the class.

[Dr. Maury then told the negro of the magnitude of the operation, the surety of the recurrence of the tumor, and asked, if, in view of this, he wanted the operation performed, to which the patient gave an audible and emphatic assent. Everything in the shape of styptics, ligatures, cauteries, acupressure pins, etc., being in readiness, with the assistance of Drs. Brinton, Pancoast and Allen, Dr. Maury proceeded to operate. The point of commencement was the interval between the constricting mass that existed upon the back and median line of the neck. The mass being lifted with a tooth-pointed and long-bladed pair of forceps, the operator quickly dissected away, down to the superficial fascia, the abnormal growth, all hemorrhage in the meantime being controlled simply by the pressure of the fingers of the assistants. After removing about a third of the growth, the hemorrhage being very free, the attached portion of the dissected mass was encircled and strangulated by the chain of the *cérasseur*. The bleeding vessels were then ligated and the whole of the oozing surface seared with the actual cautery. The patient having suffered severely from the shock, and there being a large area of raw surface, it was deemed advisable to stop here and renew the operation when occasion and the condition of the patient favored.

—R. M. T.]

#### UNIVERSITY OF PENNSYLVANIA.

Clinic of D. HAYES AGNEW, M. D., Professor of Clinic and Operative Surgery.

[REPORTED BY DE F. WILLARD, M. D.]

#### Encephaloid of Tarsus.—Amputation of Leg.

GENTLEMEN: I present to you this young man, æt. 19 years, who is suffering with a serious disease of the foot—an encephaloid cancer.

His history gives no evidence of any constitutional or acquired taint, either of tuberculosis, cancer or syphilis, and he was in perfect health until some 16 months since. His occupation has been that of a tobacconist, which probably has had no influence in the causation of such a disease. In June, '69, he received an injury of the ankle from a falling body, and recovered in good time, but noticed a slight continuing uneasiness in that region, until a few months later, when he was the recipient of another injury, after which time he was never able to walk with the same ease and comfort as in health. In a short time he noticed a small projection upon the side of the tarsus, which slowly increased in size, but was never the seat of any severe pain until January last, when it suddenly enlarged and became a little painful, and in the last three months it has grown with alarming rapidity, and is now the seat of so much pain that he is unable to endure the weight of his body, and is obliged to resort to crutches.

Upon looking at this tumor you will see that it involves the entire circumference of the tarsus, being 15 inches at its largest portion; that it is of a dark, unhealthy color; that in one place it shows evidences of speedy ulceration, and that it has large, dark veins coursing over its surface. Upon pressure it gives at first the distinct feeling of firmness to the hand, but yields upon the exercise of a little more strength, and is soft and fluctuating. From all these facts then, as well as from the presence of pain, and especially from its rapid growth, I am confident that it is an encephaloid, or soft cancer—medullary cancer, or fungus hæmatodes, as sometimes called, though the latter name is more properly applied to the open ulcerated stage of the disease.

This man's health has not been greatly impaired as yet, although he is somewhat pale and feeble, and we may hope, by the removal of this mass, to prolong his life for a considerable time.

In regard to the cause of this difficulty, we know that the local injury above alluded to was but the immediate cause of explosion, as it were, of what was already lurking, though unperceived, in the constitution,—a tendency to its production,—and this being the case, we know that that same predisposition will reproduce the disease at some future time, but we may hope to add many months, and possibly years, to the life of the patient; beside re-

lieving him from the disgusting existence which he must lead when this mass ulcerates and sloughs,—the odor being sometimes so offensive as even to drive friends from the room.

Our diagnosis in this instance is quite certain from all the facts of the case, but it has happened that encephaloid cancers have been laid open under supposition that they were abscesses, and again, abscesses have been mistaken for encephaloid. An exploring needle would have easily decided the question.

In the removal of these growths we should operate early, before the health is broken down, otherwise our interference will be of no benefit, but may actually hasten the fatal result.

In removing this tumor I shall amputate at the middle third of the leg, in order to be well above all the unhealthy tissue, and thus render a return of the disease in the cicatrix less likely to occur. In this situation I prefer the method of making oval skin-flaps, which are dissected back to the common angle, after which the muscles are divided by a circular cut of the knife. By this means we avoid the heavy mass which occurs in muscular flap amputations, and the spine of the tibia is less likely to be protruded through the flap by the weight of the stump.

In the application of the tourniquet upon the femoral, do not neglect to drain the limb of all the blood possible, especially where its saving is as essential as in the present case. In addition to the tourniquet, it is always well to have the thumb of an assistant upon the femoral as it passes over the pubic bone.

[The amputation was then performed, the flaps being made simply of skin and subcutaneous connective tissue with its fat; the muscles were divided by a circular incision; the interosseous tissues severed by a catline, and a three-tailed retractor employed to keep the structures from the saw. Silk ligatures were applied to the arteries, and warm water freely used to invite the hemorrhage. After all oozing had ceased, the wound was closed by silver sutures, and a simple dressing of water and laudanum, covered by waxed paper and retained by a recurrent bandage, was applied. The ligatures all came away by the sixth day, and in three weeks the man was discharged from the wards, the wound having united throughout its entire extent.—DE F. W.]

#### Hemorrhoids.

The next patient is a man who has been suffering for many years with a very common, yet painful and troublesome complaint—internal hemorrhoids or piles—and he informs me that he suffers greatly after evacuation of his bowels, and that at such times he often loses three gills of blood by hemorrhage. This amount is probably exaggerated, but we

can see by his exsanguine, pallid appearance, and by his nervous, trembling manner, that he has undoubtedly been seriously drained, and that his health requires this drain to be checked.

As I expose the part you will see projecting from the anus several dark masses, almost as dark as grapes, which present somewhat an appearance of malignancy, yet were you to examine him a few hours after stool you would find that they had entirely disappeared—they are but masses of congested mucous membrane.

That we may thoroughly understand the subject of piles, let us consider for a moment what they really are, and to do this we must recall the anatomy of the lower portion of the rectum. You will remember that it is supplied with arteries, veins and nerves, all called hemorrhoidal; the former derived from the internal pubic, the veins forming the hemorrhoidal plexus and the nerves from the sacral plexus. The veins are the vessels with which we have to deal at present. They are a part of the portal system, being branches of the inferior mesenteric, but they also anastomose with those of the internal iliac, thus establishing a communication between the portal and general venous systems, and like the other veins of the abdomen, are not provided with valves, hence, whenever any pressure is brought to bear upon them they must either dilate or be ruptured. This pressure is often brought about by the violent straining at stool, as a result of constipation, a complaint with which so many people are afflicted; or it may be caused by a pregnant uterus interfering with circulation, or by sedentary habits, etc., etc.

Of these tumors we have two varieties, the external and internal hemorrhoids. The former may be defined as a tumor covered with skin, and filled with the results of an escape of blood from a ruptured vein into the connective tissue. The consistency of these contents will depend upon the time which has elapsed since the rupture took place, that is, if we should lay open this tumor, soon after the occurrence of such an accident, we should find it simply filled with a clot of blood, but in process of time this clot would become organized, and we should then find not a clot, but a cyst filled with fibrous tissue. This explanation then may reconcile the different views which you will find expressed by different teachers,—the contents will be varied according to the time at which the examination is made.

An internal hemorrhoid is a tumor covered by mucous membrane, and has for its contents a congeries of dilated veins and arteries—it is a vascular tumor—a sort of aneurism by anastomosis; and when we have hemorrhages from these masses it is due to an ulceration of the mucous membrane, and in these cases we may have sufficient loss of blood



at each evacuation to seriously impair the health of the patient, as seen in the case before us. Even when these masses cannot be seen, and although there has been no hemorrhage, yet our diagnosis is usually certain, since they can be protruded by causing the person to strain while seated over a vessel of hot water, or can be felt within the rectum by the inserted finger. The feeling occasioned by their presence also gives the impression of a foreign body in the rectum, and there is more or less pain at each evacuation. You must not confound piles with fissure.

Fissure of the anus is a linear ulceration just where the skin merges into mucous membrane, similar to the cracks upon the lips and fingers, and is characterized by pain at the time of the evacuation, and followed in about an hour by a most violent burning sensation, often likened to the introduction of a hot iron into the anus; and this pain will increase in intensity perhaps for hours, until gradually it subsides, and by the following morning has entirely passed away, again to occur at the next passage from the bowels, causing the sufferer to dread the approach of such an operation. These symptoms, then, you cannot confound with hemorrhoid.

Internal piles may become elongated by distension of the submucous connective tissue until they protrude from the anus, and in this condition they may be spasmodically caught by the sphincter ani, and be strangulated even to sloughing, unless restored. For the cure of hemorrhoids we should always keep the bowels in a soluble condition and use large injections in order that there may be no straining at stool from impacted feces, while the patient should be instructed to "wire-draw" his passages, as it were, *i. e.*, not quickly to evacuate the entire contents of the rectum by one expulsive effort, but to allow them to make their escape gradually and in narrow ribbons.

We may add to this, injections of an anodyne or astringent character, as palliatives, or simply cold water, in cases of hemorrhage, or we may use ointments or suppositories for a like purpose. When the tumors become painful from the irritation of walking, a cloth saturated in lead water and laudanum will give great relief; but the one remedy above all others which will give the greatest relief is *lime water* thrown into the rectum to the amount of three or four tablespoonfuls, and allowed to remain after each evacuation. This often gives speedy comfort, and I may say that I believe it will effect an entire cure in some cases without any operative interference. In many cases, however, we shall be obliged to resort to a radical cure, that of destroying the tumors, and this should always be recommended when other remedies fail, since patients should not be permitted to go on suffering all their lives.

This was formerly accomplished by the use of the knife or by caustics; but the former is extremely dangerous on account of the attending hemorrhage, and the latter is not as good as the use of the ligature.

In the case before us we shall employ strangulation by a ligature. This may be done by encircling the tumors as a mass, but I prefer the method of passing a needle armed with a double ligature through the base of each, and thus tying them in two portions, while they are held down by a tenaculum. As I reach those nearest the verge of the anus, I shall first incise the skin about their base before applying the ligature, since the patient will thus be saved the future pain attendant upon the slow cutting process of the cord through the dense dermal tissue.

The tumors may easily be exposed by allowing the patient, just previous to the operation, to strain over a vessel of hot water. This treatment I consider infinitely better than the *ecrazeur*.

The practice of making an incision into the tumor after the ligatures are applied is unwise, since the cord is loosened by the consequent drain, thus defeating our object, and sometimes giving origin to an extensive hemorrhage.

[The patient being etherized, the strangulation was effected by strong silk ligatures. After the operation the patient was put to bed, and 50 drops of tinct. opii. given by injection. The bowels will be kept in a quiescent condition until the sloughs have separated, after which some castor oil, followed, if necessary, by a mucilaginous injection will be given in order to open the bowels.—DE F. W.]

#### COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Wednesday, October 19, 1870.

Clinic on Diseases of Children, by Prof. JACOBI.

##### Cyanosis.

Girl, *æt.* 7 months. This child has, since her birth had a blue appearance, much intensified when crying or coughing.

The cause of cyanosis is not, as has been supposed, due to a mixture of arterial and venous blood, but to obstruction of the return circulation. The skin and mucous membranes are supplied to a great extent by capillaries and veins, and when engorgement takes place we have the changed appearance.

The foramen ovale is usually open for the first ten days of infantile life, yet there is no cyanosis. In many cases it never closes, and still no cyanotic hue. This fact has been proved post-mortem, and it has been elucidated in the same manner that in 21 cases there was perforation of the septum of the ventricles, and even then there was no mixture of the arterial and venous currents. This will readily be understood when the contractions of the heart are con-

sidered. If, however, there is hypertrophy of one side, we might expect to find a mixture.

There is one condition and only one in which this occurs, and that is when the septum separating the *aorta* and *pulmonary artery*—where one rides on the other—is imperfect, and the contents of one vessel of necessity is mixed slightly with the other; but even then I do not think that cyanosis would be produced, for if you mix arterial and venous blood together in a bowl the change in color is not very decided.

Endocarditis has been detected as early as the third month of uterine life, with the characteristic lesions, which are more severe than in adults. The pulmonary artery has been noticed as a fibrous cord in a number of cases. Stenosis is another and more frequent cause, but as was before stated, any obstruction may act as a cause.

#### Scoliosis.

Girl, æt. 11 months. This child comes to the clinique ailing for three months. There is swelling of the abdomen, which is nothing more than tympanitic. On examining the back, however, we find a double curved line like an elongated S. If it were a simple curve it would indicate disease of the vertebrae, but the cause of the present condition is the muscles. In infancy, when the child is carried on one arm it looks to one side continually, and also at school when children use poorly designed desks a similar condition is induced. It is due to unequal exercise of the muscles, and is remedied by a species of gymnastics which will bring into use the affected muscles, also, by sponging and shampooing, electricity, and everything tending to excite them and restore their lost functions.

### DISEASES OF WOMEN.

Friday, October 21, 1870.

Clinic of Prof. T. G. THOMAS.

#### Ovarian Tumor.

Ellen T., æt. 28; single. Seven months ago noticed that her abdomen was beginning to swell, and has continued to do so up to the present time. Prof. Thomas said the first thing it must be differentiated from is

*Pregnancy*.—By palpation we get fluctuation. The uterine sound has been carried up to the fundus, and the uterus is unimpregnated.

*Tympanitis*.—Only the other day I had a patient from Canada with a tumor in the abdomen, but upon percussion it was resonant. This case before you gives a flat percussion sound, as you perceive.

*Fibroid*.—In fibroid simply there is no fluctuation; here it is well marked

*Ascites*.—In ascites the intestines float on the surface of the fluid, but in this case you cannot detect the intestinal resonance.

*Obesity*.—Cases of this class occur where there is an exceeding large deposit over the abdomen, one of which came to me to-day. In obesity, however, you can grasp the integument and adipose tissue together.

*Enlarged Spleen* coming on from malarial poisoning. The edges of the spleen can be felt usually with ease.

*Hydatids of Abdomen*.—These are rare, but almost impossible to exclude.

*Malignant Disease*.—If it is colloid in character it is not so fluid and can not readily be obtained by either the hypodermic syringe or exploring needle. Finally,

*Cystic Tumor* is what it is in all probability. When it is punctured by the hypodermic syringe a fluid is readily obtained. By palpation it is found to be in some parts hard, in others soft, and the inference is that we have one of the multilocular form.

I think that the present case is a most desirable one for operation, and next Thursday I propose to operate. It would be impossible to do it before the class, and at the same time give the patient a fair chance; so of necessity we must go to her own house. At the next clinic the case will be reported upon.

#### Inversion.

Mrs. C., the patient on whom an operation was performed for closure of the cervix, was here to-day to report she is doing well.

#### Pelvic Peritonitis.

Mrs. C. Stenk, æt. 29; married eight years. Last Christmas was seized with cramps in the stomach and had great difficulty in passing her water. Since that, has never been well. Her courses are sometimes copious and again not. There is much pain in her *stomach* and in the small of her back when she is about to be unwell. Physical examination shows much sensibility in both broad ligaments accompanied by fixation of all the pelvic viscera. The sensation conveyed to the finger is as if melted wax or tallow had been pounded into the pelvis and had there hardened. The uterus is anteverted and bound down, and in this manner may be accounted the dysmenorrhœa and urinary troubles. I fear to break up the adhesions to replace the organs. This was done to Mrs. C., (the patient with inversion), and we nearly lost her by peritonitis. I should advise a blister to be placed over the abdomen once every fortnight. At first patient will in all probability be dissatisfied, but from the relief that results she will be anxious for the next one.

## MEDICAL SOCIETIES

## NEW YORK PATHOLOGICAL SOCIETY.

October 26, 1870.

## Uterus with Concealed Hemorrhage.

Dr. FINELL presented a uterus taken from a woman in the 8th month. She was taken with labor pains slight in degree, and six hours after they grew more severe, when the physician was sent for. When he arrived bleeding was very profuse, and shortly after patient died.

Autopsy showed the placenta detached and a large clot over the entire fetus. In this case not only was the hemorrhage internal, but it was also external. An examination of the specimens showed the placental attachment to have been at fundus; the patient had not received any injury whatever.

## Ossification in the Eye-ball.

Dr. KNAPP showed a specimen in which there was bony formation in the capillary layer of the choroid. This was the seventh specimen of the class that he has seen.

## Rare Cardiac Complication in Phthisis.

Dr. LOOMIS gave the history of a man, æt. 28, who died yesterday in Bellevue Hospital from phthisis. A large cavity was discovered contiguous with the pericardium. The heart was displaced downward. On auscultation a sound was heard with the action of the heart, closely resembling the noise of a piston. The specimens were shown verifying the diagnosis.

Three theories were put forward to account for this rare sound: 1. That it was due to the contrac-

tion of the heart forcing out some of the contained air. This was Dr. Loomis' view. 2. That the action of the heart brought the two sides of the cavity together. 3. That it was a pleuritic friction sound conveyed through the cavity.

Dr. Flint saw the case, but did not entirely agree with Dr. Loomis. Dr. Jacobi thought it resulted from friction sound.

## Rupture of Aorta.

Dr. E. G. JANEWAY presented the specimens from a man who had suddenly died whilst eating his dinner. On examination the pericardium was found full of blood, with a linear rupture of the aorta at its lower portion. The aorta was barely enlarged in its calibre at this point, but showed signs of chronic arteritis.

## Aneurism of the Aorta—Operation.

Dr BUCK presented the specimens and gave the history of the following case: Two months ago patient showed aneurismal tumor at a point near the sterno clavicular junction, with dyspnoea and impaired deglutition. During the last seven days symptoms grew much worse. By the consent of the other visiting surgeons of St. Luke's Hospital, a needle was threaded with silk and carried into the sac and out again, one-half inch from the entrance. A second needle was passed through, parallel to the first, and about an inch from it. That evening not much change was noticed. Next day an erysipelatous blush made its appearance; on the next phlegmonous erysipelas. Shortly the patient died, and at the autopsy a coagulum was found in the sac, but imperfect. Dr. Buck was of the opinion that the operation may have accelerated his death, but if so, it was but trifling, inasmuch as the dyspnoea was excessive.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## European Treatment of Wounds.

Those of our readers formerly in "the service," will read with interest the following notes of Dr. GRISSE to the *British Medical Journal*:

I will endeavor to give you a general account of the kind of wounds treated in the hospitals situated at a distance from the localities where war is raging. You will perhaps be astonished to find that very severely wounded soldiers were conveyed so far. The murderous battles fought round Metz and Sedan, after which most of the French wounded fell into the hands of the Germans, made it imperative to remove large numbers of wounded as quickly as

possible. I have seen soldiers shot through the head, lungs, pelvis and joints, who came after a five days' journey into our hospitals. During the first thirty-six hours they were driven on common carts; they then had to remain during a rainy night in the open air near the railway station before the luggage-vans were ready to receive them. They were laid on plain straw, covered with their cloaks, and sent off. I have not seen one who was the worse for his journey. One large battle being fought after another, I am fully convinced that it was by far the best thing to transport as many wounded as possible far away into good hospitals, where airy rooms, good beds, excellent nursing, and plenty of surgical help united to save as many lives as possible. History has never known such carnage as the present

war shows. The war of 1866 is considered child's play in comparison with the butcheries now passing under our eyes. I have seen Saarbrücken after the battle of Spicheren, and know the bad effects on the wounded of an overcrowding, which was actually unavoidable, because there were not railway carriages enough to move all who could have been moved. At the larger stations, the wounds were dressed, the wounded refreshed, and they went on to their destinations. On arrival in the hospitals, they were washed and put to bed—a great many for the first time for a month. The poor wounded fellows called this a luxury. Neither opium nor chloral was wanted the first night; the great fatigue was a splendid hypnotic. Most of the wounds were caused by the Chassepôt and the needle-gun; of sabre or bayonet wounds I have seen only very few. The weight of a Chassepôt ball is three-quarters of an ounce; the weight of the ball of the needle-gun is an ounce and a quarter. The wounds caused by the Chassepôt balls are smaller than those caused by the Prussian rifles. The latter shivers the bone to a greater extent than the former; the difference of form explains this sufficiently, the Chassepôt bullet being nearly cylindrical, and the Prussian somewhat egg-shaped. The material for dressing the wounds in general use is charpie, which perhaps is inferior to the excellent English lint, but much cheaper, because it is given gratis in a quantity which would be sufficient for a thirty years' war. For cleaning the wounds the "*irrigateur* of Esmarch" is used in all hospitals. The water used is generally warm; and to it is added a little carbolic acid or a solution of hypermanganate of potash. To clean deep wounds sufficiently we insert the caoutchouc points of Windler, which are very flexible and soft, and into which the point of the tube fastened to the *irrigateur* enters easily. Sponges are never used for the cleaning of wounds. After the wounds are well cleaned with the *irrigateur*, we dry them well with clean charpie, and then cover them with charpie moistened with carbolic acid solution; a compress fastened by a linen bandage finishes the dressing. Charpie and compresses are never used twice; the bandages are washed in a solution of chloride of zinc. In most cases one dressing in twenty-four hours is quite sufficient; a gun-shot-wound is always combined with contusion, and as such is not to be disturbed too often. To ease the flow of the secretions, a suitable position, drainage, incisions, etc., are properly applied. When the parts surrounding a wound are inflamed, tender and swollen, I use cold water dressings in preference to any kind of poultices; they are always at hand, are clean, and have at least as good an effect as cataplasms, if not better. Great care is bestowed on good diet. "*La diète est une arme meurtrière*," says Follin. I do not think that I recommend anything new in advising, not an

antiphlogistic, but a restorative, diet for nearly all the wounded soldiers who are exhausted for want of food, fatigue, mental shock, and bodily suffering, as well as by great losses of blood. Under this treatment wounds do well, and far better than when smeared over with all kinds of plaster, lotions, embrocations, etc. Caustics are not often necessary when carbolic acid is applied; in a few cases, where granulations grew too exuberantly and had a pale watery look, an energetic application of quicklime mixed with vegetable charcoal made a satisfactory change.

## Reviews and Book Notices.

### NOTES ON BOOKS.

There is, as we might naturally expect, a marked falling off in continental medical literature. In glancing over the recent monthly reports of the Leipzig publishers, we notice very few French, and not many German, professional works. The war gives surgeons and physicians too much to do to allow them time for composition.

The first number of the *Photographic Review of Medicine and Surgery* is on our table. It contains very excellent photographs and descriptions of four cases, namely, multilocular hydatid tumor, meningocoele, horny tumors, and keloid tumor. A few pages of text (ten in all) accompany the photographs. The plan is an excellent one, and should be supported. The editors, Drs. F. F. Maury and L. A. Duhring say: "It is our intention to select the most striking cases from those presented, whose salient points will admit of the clearest representation. The coöperation of the different gentlemen connected with our large hospitals has been secured, and we feel confident that material will not be wanting." The *Photographic Review* is published by J. B. LIPPINCOTT & Co. every two months, at \$6.00 a year.

From Dr. W. T. RENZ, of Wildbad, we have received a pamphlet, with lithographic illustration of his plan of treatment of gunshot fracture of the thigh. (*Die Spreizlade, ein praktischer Verband für Schuss-fracture des Oberschenkels*, pp. 14.) His plan appears simple, and worthy of careful testing in military hospitals.

D. VAN NOSTRAND, New York, has published a second edition of "Three Years in the Sixth Corps," by George T. Stevens, Surgeon of the Seventy-seventh New York Volunteers. This volume contains a concise narrative of the events in the Army of the Potomac from 1861 to the close of the Rebellion, in April, 1865. There are also given numerous wood engravings, besides six steel portraits.

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**MEDICAL AND SURGICAL REPORTER.**

PHILADELPHIA, NOVEMBER 12, 1870.

W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

**SPECIAL NOTICE TO SUBSCRIBERS.****HOW TO SAVE MONEY!**

For the mutual advantage of ourselves and subscribers, we make the following propositions:

I. To meet the growing demand on our columns, we shall increase the size of the **REPORTER** from two to four pages weekly.

II. Subscribers can reduce the amount of their subscriptions in the following ways—thus saving money, and at the same time aiding us and the cause of an independent medical literature:

*The Cash must always accompany the order.*

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2. By paying for the **REPORTER** 2 years in advance, \$8, or 3 years in advance, \$12, etc.

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IV. We propose, with the aid of our friends, to double our subscription list and income, and thus obtain the **CASH IN HAND**, through the liberal outlay of which the value of our publications can be greatly enhanced. Those, therefore, who help us will help themselves.

**THE EMPLOYMENT OF MEDICAL EXPERTS.**

Last week we called attention to the difficulties which coroner's juries often experience in understanding correct explanations of injuries and other causes of sudden death. We recommended that if the average American citizen, who serves on inquests, is not sufficiently intelligent to understand such explanations, municipal governments had better employ somebody who is equal to the emergency.

Another branch of this general subject is that which relates to the evidence of medical experts, as such, before juries. In the meeting of the American Association for the Advancement of Social Science, which took place in this city last week, this was about the only topic of professional interest touched upon, somewhat to our surprise, as we regard social science as very deeply interested in a vast number of questions which form part of a physician's studies.

The paper we refer to was read by Dr. Isaac Ray, of this city, and we will give an abstract of his principal points:

He said that, in the case of experts, in order to promote the ends of justice, it becomes necessary sometimes to obtain their opinions rather than any facts which may come within their notice, because it is not the facts, but the inference to be drawn from them, that is desirable to be known. Experts are often reproached for differing with one another as to the significance of the same facts. Discrepancy of opinion, then, is found in the very nature of things. The function of the expert is to tell us the signification of certain facts that have appeared in evidence. He has made that class of facts his particular study. He has enjoyed opportunities for seeing them displayed on a large scale, and under circumstances peculiarly favorable to observation. He is thus enabled to see behind the visible appearance a law or principle, or body of truth.

It has been seriously urged as an argument against skilled testimony, that it has the effect of confusing and distracting the minds of the jury at the very moment when they need to be self-confident and sure. If this is a sufficient reason for excluding such testimony, it may be urged with equal force against the admission of ordinary testimony, in which the discrepancies are a fruitful source of embarrassment to the court and jury. And with a stronger force it may be urged against the addresses of counsel, the very purpose of which half the time is to distract and puzzle the jury. Yet it was considered a great advance on the side of humanity in England when counsel were allowed to speak for the accused in criminal trials. It is not one of the privileges of a jury to have the formation of their verdict made easy, but it is very properly the privilege of the accused to have whatever may enure to his benefit brought to the knowledge of the jury.

The evidence of one expert may bear upon the point in issue very differently from that of another expert without its being necessarily contradictory.

What is an apparent contradiction may be found on a closer inspection to be merely supplementary, however it may affect the aspects of the case. It becomes a question, for instance, whether certain stains are made by blood. On the score of certain chemical tests, they are pronounced to be blood, and the conclusion may be of the highest importance to the party concerned. But another expert, who has been making microscopic researches on the blood, is satisfied that the stains in question are made by the blood of some inferior animal. The practical effect of the latter conclusion is to destroy the force of the other; but there is really no contradiction between them. The one is merely the complement of the other—indicating, not error, nor deception, nor superficial attainment, but simply the progress of knowledge.

Here again comes in the so common ignorance of juries; but in this instance we must, in the present condition of legal procedures, trust that they can be made to understand the seeming contradictions which they hear. The people must also learn that what are called the inductive sciences, to which chemistry, microscopy, and pathology belong, are not exact, and inferences amounting to a moral, but not a mathematical certainty can alone be drawn.

Physicians should take greater pains to bring such important reforms to the consideration of extra-professional bodies, such as the Social Science Association, as they can thus accomplish much more than by discussions wholly within medical circles.

## Notes and Comments.

### A Query in Osteology.

A New York medical periodical says that Prof. GOLDWIN SMITH has received a skeleton from an old tumulus in England, which proves that our remote ancestors were "Celtic as much as Saxon." Will that journal please inform us what is the difference between a Saxon and a Celtic skeleton?

### Guarana.

This new remedy is prepared from the fruit of the *Paullinia sorbilis*, a climbing plant growing in Brazil and Uruguay. It is prepared and sold in powders by Grimault & Cie, each powder forming one dose. E. FOUGERA, of New York, is the agent in this country.

The diseases in which it is particularly recommended are those arising from disturbances of the alimentary canal, as sick headache, dyspepsias, diarrhoea, dysentery, etc. Grimault's circular goes so far as to call it "a certain cure for the complaints above enumerated," which we must take with due allowance for commercial enthusiasm. It is, how-

ever, unquestionably an important addition to our materia medica, and we hope some of our readers will give it a trial and report to us their experience.

### A New Indian Remedy.

A very favorable opinion is expressed by one of the graduates of the Grant Medical College, Bombay, Mr. N. DAJI, of the medicinal properties of the *Ailantus excelsa*, a plant belonging to the order *Simarubaceae*. Mr. Daji has given it largely with success, in the form of an infusion, decoction, or tincture of the bark, in dyspepsia, anorexia, and torpid states of the digestive organs, under circumstances in which gentian and quassia are exhibited, and more especially in those cases of dyspepsia that follow fevers, such as are attended with muscular and nervous relaxation and constipation. The active principle, or ailantic acid, is said by Mr. Daji to have the power of increasing the flow of bile to a marked extent in those cases in which it is deficient. The remedy has been cursorily referred to by Indian writers, but has never been fairly tried as a medicine.

### Hints on Sanitary Architecture.

That efficient public officer, Dr. THOS. M. LOGAN, Secretary of the California State Board of Health, in a recent report to the Board has these remarks on the construction and care of public institutions:

A hospital or prison floor should never be scoured. A very good floor for such buildings is that used in Berlin, which is oiled, lathered and polished so as to resemble French polish. It is wet and dry-rubbed every morning, which removes the dust. Both processes render the floor non-absorbent—both processes do away with the necessity of scouring altogether. The reason why frequent scouring with water is hurtful is because the subsequent evaporation carries up organic matter, and erysipelas and other diseases have been proved to have been thus rendered frequent. The next defect to which I would call your attention is found in the rough plank and brick walls surrounding the cells. These have been whitewashed; but to be effective for the removal of carbonic acid, this must be renewed at least every three or four weeks, and I am doubtful if that gas is the most noxious constituent of foul air. Ordinary plastered walls become in a few days loaded, as experience has shown, with deleterious organic matter most abundantly. What is wanted is an impervious material, capable of receiving a polish on a white or tinted surface, that can be washed frequently with soap and water, without its being absorbed into the substance. The iron walls and ceilings of the cells, if properly painted and varnished, will meet all the requisitions in this respect.

**New Treatment of Heterologous Tumors.**

The Boston *Journal of Chemistry*, speaking of Dr. DANIEL LEASURE'S account of his treatment of a malignant tumor by intra-tissular injections of chromic acid, described in the *REPORTER* June 18th, 1870, says: "The use of chromic acid in this manner is new. Acetic acid was suggested by Dr. BROADBENT, but with unsatisfactory results. We look on Dr. Leasure's report with the greatest interest, deeming the action of chemical substances on living heterologous tissues a subject yet unexplored, still of very great promise of usefulness."

**Drugging Liquor.**

We have always entertained some doubts of the excuses so often made "that the liquor was drugged." We came to regard it as one of the excuses for having been drunk. The London *Medical Press and Circular* now says, it is done by adding "a tolerable dose" (?) of snuff to the liquor, which produces "great depression, nausea, and inability to move." We doubt very much whether any other symptoms would follow than ordinary tobacco nausea, nor do we know of any drug which would produce the immediate yet temporary insensibility which is popularly supposed to follow the use of drugged liquor.

**Correspondence.****DOMESTIC.****More About "Those Worms."**

EDS. MED. & SURG. REPORTER:

In your issue of September 3, 1870, my attention was attracted by the heading of a letter written by Dr. LYNCH. "A Preventive of Hydrophobia." Such a preventive, I thought, must be something new, and began reading it with much eagerness; but before I had read far, I discovered it was the same preventive I had seen practiced when a boy of twelve years, but with the extraction of an additional worm—the tail worm. Since then I find another letter on the same subject, written by Elliott Coues, in the *REPORTER* of September 24th, in which he almost scouts the idea of such a preventive being possible.

In the summer of 1857, the people of Adams county, Illinois, were very much annoyed and endangered by the number of rabid dogs. In the neighborhood of Stones' Prairie there lived an old gentleman by the name of Erastus Ames, who owned a large dog which he put on the track of a rabid dog for the purpose of having him catch and hold the dog until some one might come and kill him, which he did. Some men seeing this, marveled at

the thought of a man sending his own dog to be bitten by a rabid dog, and thus bring hydrophobia to his own door. But the old man told them to fear not, that his dog would not go mad, for he had been "wormed." This was a new word and altogether a new thing to them; and to illustrate what he meant, Mr. A. told them to catch one of their dogs, which they did. Mr. A. then put a piece of timber in the dog's mouth and had it held there while he grasped the tongue and made an incision into the papilla which exposed the "worm;" then taking a common crooked sewing awl, he hooked it under the worm (for worm I must call it), and pulled out one end, then with a piece of muslin between his fingers to prevent slipping, pulled the worm out whole. This completed the operation; no dressing was required he said. He did not take any worm from the tail, or say there was one there. This new idea created not a little curiosity and astonishment in the neighborhood, and people came in from every direction to have their dogs "wormed."

I took two and had them operated upon, neither of which ever went mad; nor did any other which I knew to be operated upon. And to my knowledge three of them were bitten by a rabid dog, which also bit hogs which went mad, and the same dog bit a dog in the neighborhood which was owned by an old gentleman by the name of Stratten, who had refused to have his dog operated upon, for which he afterward was very sorry; for the dog went mad and bit some of his hogs, which also went mad.

Mr. Ames said he had operated upon more than one hundred dogs in his time, and had never known one to go mad. He stated that his dog had been fighting rabid dogs more or less for seven years, and had never shown any signs of hydrophobia. Mr. Ames now lives in Quincy, Illinois, and if any are curious, they may write him.

The worms which I saw taken out were nearly an inch in length, and tapered from the middle to a point at each end. I do not know what else to call it, but a worm; for it is perfect within itself, not attached to anything, and looks more like a worm than anything with which it can be compared. But no matter whether it be a worm or not, it is there, and for what purpose is the mystery with me. It does not aid in lapping, for the dogs lap as well without it as with it. Nor does it effect the sound or tone of the dog in barking. I am not in the habit of believing old foggisms nor any other isms, unless there is good reason for them. But I am forced from observations to believe that there does exist some relation between this worm in a dog's tongue and hydrophobia. The tongue of a rabid dog is swollen and dark colored from the start. Now why the swollen tongue? Why that poisonous saliva dribbling from the tongue? Why do not dogs go mad which have this

worm taken out? I leave the matter, hoping to hear from others who have investigated it more closely. I hope there are no more who, like Dr. Coues, think it beneath their dignity to investigate a matter of so much importance.

I remain truly yours,

JAS. BAKER, M. D.

New Philadelphia, Illinois, October 17, 1870.

#### Some Remarks on the Origin of Fibrin.

EDS. MED. AND SURG. REPORTER:

The conclusions which have been drawn by Alexander Schmidt from the mixture of serous fluids, and his remarkable views concerning fibrin formation, seem to have been made on an insufficient foundation. He most certainly has proved that when blood serum is added to inflammatory exudations, coagulation takes place spontaneously, but he has not demonstrated the absence of fibrin in such effusions by whipping or otherwise. In these exudations spontaneous coagulation is always tardy, but the very fact of its occurrence proves that fibrin is present. Smee produced fibrin from a solution of egg albumen, by exposing it to a current of oxygen gas, and recent investigations confirm the statement that fibrin is merely oxydized albumen. (Kirke's Physiology, 7th Ed., p. 23.)

Besides this, the connection of the manner of blood coagulation with the vitality of the system, and the fact that this change only occurs in the blood, chyle, lymph, and vegetable latex, all seem to point to a living agency by which albumen alone can be oxidized, or converted into fibrin. The only living agent with which we are acquainted is the germinal matter or bioplasm of Dr. Beale, and we must therefore accept his opinion, so ably set forth in his work "On the Structure and Growth of Tissue," and also in the "Archives of Medicine," that "fibrin is the formed material of the white corpuscles."

LOUIS S. STILLÉ, Esq.,

1500 Walnut street, Philadelphia.

### NEWS AND MISCELLANY.

#### Women as Physicians in Sweden.

We are furnished with the following notice by CHARLOTTE YHLEN, a student in the Woman's Medical College of this city:

The Swedish king, Carl the XV., on the third of June last, declared that women may have the right to practice as physicians after giving satisfactory proof of their ability to do so; that the universities of the country are open for them as for men; but that the rector of the university may, however, make such modifications in the instruction as he may find more suitable for women, and that this

autumn, and after, there will be opened separate courses in anatomy for these ladies who will commence.

The *Göteborgs Handels och Sjöfarts Tidning*, considered one of the best Swedish newspapers, writes of this as follows: "This action will never be forgotten in the history of our culture in a future; rich, let us hope, in victories for the activity of women. This triumph over centuries of prejudice opens for women just that field of activity to which nature seems to have called them, and in which from all times they have labored; but, heretofore, without the right of law or necessary knowledge. These disadvantages, however, have not always prevented a female healer from gaining confidence among educated people. This reform, as now arranged, seems perfect, as it not only gives to women the same right to practice medicine as men—a right they already possess in several countries, which countries, however, have done nothing to give them the necessary knowledge. But, with boundless liberality, it opens to them an entrance into our medical universities, and arranges a separate course in anatomy, thus removing the only objection to opening the same universities for both sexes."

#### A New Antiseptic.

We notice in the *Scientific American* that Mr. JOHN GAMGEE, so favorably known for his recent preserving process, has found that the hydrated chloride of aluminum possesses excellent antiseptic properties. It is said to be quite as potent as chloride of zinc and carbolic acid, and is at the same time non-poisonous, and devoid of unpleasant smell. The fact that clay is one of the best disinfectants we have has long been known, but the use of the chloride of aluminum for the same purpose has been probably overlooked in consequence of its not occurring as a waste product in any chemical industry.

#### Germantown Dispensary and Hospital.

The hospital building located on Shoemaker Lane, near Chew Street, was formally opened for patients on Saturday, October 15th. The President of the Board of Managers, Dr. JAMES E. RHODES, making the address. The hospital accommodates but twelve patients, but supplies a long felt want in its beautiful charity, having been entirely constructed and furnished through the liberality of an invalid lady of Germantown, Mrs. P. E. HENRY, and by bequeathed over to the care and possession of the Board of Managers of the Germantown Dispensary.

The medical staff consists of four attending physicians and four consulting, as follows:

Attending Physicians—Drs. Wm. Darrach, F. L. Leavitt, A. C. Lambdin, A. F. Muller. Consulting



Surgeons—Drs. James Darrach, T. F. Betton. Consulting Physicians.—Drs. R. N. Downs, W. R. Dunton.

#### Adulteration of Milk.

Dr. A. E. DAVIES, of the *Chemical News*, endeavors to show that specific gravity cannot be relied upon as an indication of the purity of milk. What is wanted is a test that will prove whether water has or has not been added to the milk. Such a test, he believes, we have in the specific gravity of the serum, or liquid portion of the milk from which the caseine and fat have been removed by coagulating and straining. According to the author, the specific gravity of this liquid, when obtained from genuine milk, is remarkably constant, ranging from 1.026 to 1.028; and by careful ascertaining the specific gravity of the serum of milk that has been diluted with different quantities of water, a useful standard of comparison may be obtained.

#### Power and Perseverance of the Spider.

An extraordinary instance of the skill, power and perseverance of the common spider is furnished in authentic shape from Knoxville, Tennessee, which is worthy of record for its curiosity in natural history. At Mossy Creek, near Knoxville, a Mr. Johnson, in seeking some article in an unfrequented part of his store, came upon a snake apparently standing bolt upright, yet curiously enough, not touching the floor. Upon examining he found to his amazement that the nest of the reptile was completely encircled by the web of a spider, and that these delicate strands alone held the snake in subjection. He did not disturb the curious group, but sent for a photographer, and when the situation had been transferred by means of a camera he removed the suspended reptile and found it quite vigorous. The vanquisher of the snake (the latter a common black racer about a foot long) was a simple spider, about the size of a common house-fly, and in no way differing from ordinary insects of the class.

#### New Test for Albumen in the Urine.

Take a mixture of equal measures of acetic acid and phenic (carbolic) acid and make the preliminary test that water produces no cloudiness in it, and add acid, if necessary, until water has no effect. The normal solution is then ready for use, and will then give the reaction for albumen, diluted by 15,000 parts water, whereas nitric acid shows no results beyond 8,000.

#### Insanity and Poor Diet.

In England and Wales there were, on the first of January, 54,713 persons of unsound mind, under the cognizance of the Lunacy Commissioners. Of

these, 48,325 were of the pauper class, and the commissioners report that they are satisfied that in a great majority of cases impaired nutrition is the cause of the malady. Bodily weakness impairs mental health. Of course, upon bodies and minds thus reduced, griefs and perplexities act with most damaging influence. It requires a strong mind to resist difficulty, and the mind sympathizes with the body.

#### Harvard College.

At a meeting of the board of overseers, held in Boston, Wednesday, October 12, the President of the University presented a vote of the corporation appointing the following lecturers in the medical school for the current academic year, viz.: John E. Tyler, M. D., on medical diseases; Henry W. Williams, M. D., and Hasket Derby, M. D., on ophthalmology; Clarence J. Blake, M. D., on otology; Frederic I. Knight, M. D., on laryngoscopy; George Derby, M. D., on hygiene; and Robert Amory, M. D., on the physiological action of drugs on man and the lower animals,—and the appointments were concurred in by ballot.

#### Dr. Rolphe.

Dr. JOHN ROLPHE, whose death on October 20th has been announced, was born in England in 1786, and at an early age emigrated to the British Canadian provinces. He took an active part in the Canadian insurrection of 1837, against the English government, and in consequence was obliged to fly for refuge to Russia, where he resided for many years. After having obtained an amnesty for his offenses he returned to Canada and commenced the practice of law, but notwithstanding his acknowledged abilities as a lawyer, his political shortcomings interfered with his professional success, and he became a physician and established a medical school at Quebec. Dr. Rolphe was a member of the Canadian Parliament for many years, and was distinguished for his eloquence and his liberal political views.

#### Cure for the Toothache.

Dr. HENRY T. REYNOLDS, of Baltimore, writes to the editor of the *Medical News* that for eighteen months he has been using acetate of lead as a remedy for toothache. He finds it better than any of the numerous remedies proposed in the books, and in cases in which it is applicable, the relief is instantaneous. He advises the sufferer to apply from one to three grains to the cavity for a moment or two, then spit it out. It fails in fewer cases than any remedy that Dr. Reynolds ever tried, not more than 8 per cent.

# **QUERIES AND REPLIES.**

## **Diplomas.**

*Dr. C. W., of Cal.*—"I had my certificate burnt in 1867. Can I get another from the same college?" *Ans.* The rules of the college at which you graduated do not permit the dean to issue a duplicate diploma under any circumstances. But he is willing to give you a certificate under the official seal, which document will answer all purposes of a diploma.

## **Spermatorrhoea.**

**MESSERS. EDITORS:** Will you, or some of your subscribers, advise me in regard to the following case:

**Mr. —**, æt. 28 years; married six years; the father of three children, all living; wife now eniente; asks me to prescribe for spermatorrhoea. He tells me that he was addicted to onanism when young, and abandoned it from convictions of duty several years before marriage; nocturnal emissions followed; tried quacks awhile; his minister, to whom he communicated his condition, recommended marriage, with the result above stated. His opinion, that marriage has failed because he has an occasional seminal (nocturnal) emission, is at variance with my views of his case, for he looks well and is doing good work on his farm. But if I tell him so I shall drive him to some mercury charlatan, in all probability, and I want to know what to do? Have given potass. bromide at night in aqua camph. ; is now taking Horsford's phosphate thrice daily.

MARYLAND, M. D.

**REPLY.**—Nothing whatever is the matter with the man. Explain to him that such an occasional relief of the seminal secretion is as natural and as harmless as urination. Refuse medicine, recommend cold bathing locally at night; moderate intercourse, and avoidance of anxiety.

## **OBITUARY.**

### **DEATH OF PROFESSOR MILLER.**

Late exchanges bring us news of the death of **WILLIAM ALLEN MILLER, D. D., F. R. S.**, professor of chemistry in King's College, London, an accomplished scientist, author, investigator and teacher. Dr. Miller died of apoplexy, on the 30th ult., at Liverpool, whither he had gone to take part in the proceedings of the British Association. Born at Ipswich, on the 17th of December, 1817, in his 24th year he became assistant to the late Mr. Daniell, professor of chemistry in King's College, London. He was the author of a celebrated and highly esteemed treatise on chemistry, and has contributed in various ways to the progress of science.

### **HERMANN W. NEWCOMB.**

Readers of **THE REPORTER** will remember the graphic and complete clinical reports furnished its paper by **HERMANN W. NEWCOMB**. He died in Philadelphia, Nov. 2d, aged only 21 years. His remains were forwarded to his home in Louisville, Ky. He died a victim to his untiring labors and intense enthusiasm in the profession of his choice. The lectures in the Jefferson Medical College were adjourned on the day of his death, and the faculty and students, in a body, visited his remains. Loving hands draped his seat in the college after he died, as they had ministered to the comfort of deceased while he was sick.

The following resolutions, penned by his friend, **DR. RALPH M. TOWNSEND**, were unanimously adopted by his class, published in the papers of this and his native city, and engrossed and sent to his family. Truly, "whom the gods love best die young."

Died, in Philadelphia, November 2, 1870, **HERMANN W. NEWCOMB**, of Louisville, Ky.

His first college course found him an earnest scholar; his second, an enthusiast, and the third, a martyr. Although an under graduate, his knowledge of the broad principles of his profession equaled that of the average of physicians. He grasped intuitively where others failed to understand, and that which he did not immediately comprehend but stimulated his ambition to become its master. From Chaucer to Tennyson and Longellow he made the poets his own, and trod the path of English prose from Fielding to Dickens.

He not only subscribed for and read the current literature of his profession, but contributed liberally to the medical magazines of the day, as will attest the columns of **THE MEDICAL AND SURGICAL REPORTER**, *Hay's American Journal of the Medical Sciences*, the *New York Journal of Syphilography and Dermatology*, etc. The theories and conclusions he advanced were doubtless derived from older heads; but the voluminous and exhaustive references, the rounded paragraphs, and all the attendant labor were the work of our classmate.

Day found him attending the lectures and assisting in the clinics. Night witnessed his demonstrations in the dissecting room, or in the quietude of his bed-chamber found him gazing through the microscope, or transcribing his day's notes.

Such was **Hermann W. Newcomb**. And, while we regret that the time which should have been devoted to rest and recuperation was used to drive the yielding framework all the harder, we cannot but admire the enthusiasm and steadfastness of purpose of which he was possessed, though it left him, good soldier that he was, dead at his post; therefore

*Resolved*, That we have lost a friend and classmate, the fire of whose enthusiasm, the fixedness of whose purpose, and whose untiring labors in the profession of his choice, would have ranked him, had his life been spared, among the illustrious of his calling.

*Resolved*, That the honesty of purpose, purity of character and high resolve that marked the deceased, lead us to believe that he has but laid down his burden, to take part in a higher and holier commencement than that to which his earthly ambition so steadfastly pointed.

*Resolved*, That we sorrow at his loss in common with his family, and in offering them our condolence, trust that they may have the faith to rest upon the Arm which alone can sustain in such an hour of affliction.

*Resolved*, That we, his classmates and students of the college, will wear the usual badge of mourning for thirty days.

## **MARRIED.**

**KOCH—WARMAN.** On Oct. 31, at Bethlehem, Pa., by Rev. Francis Wolle, Dr. Richard Koch, of this city, and Miss Augusta M. Warman, daughter of Rev. John F. Warman, of Olney, Ill.

**MARTIN—JOHNSON.** At New Rochelle, N. Y., Oct. 2, by Rev. Dr. Morgan, Rector of Trinity Church, Dr. Wm. Hammel Martin and Miss Susan Bray, daughter of Theodore T. Johnson, esq., all of that place.

**MATHEWSON—BLAGDEN.** At New York Ave. Church, Washington, D. C., Oct. 27, by the Rev. G. W. Blagden, D. D., of Boston, assisted by Rev. Mr. Mitchell, Arthur Mathewson, M. D., of Brooklyn, N. Y., and Miss Harriet Silliman, daughter of the late Thos. Blagden, esq., of Washington.

**FOSTER—MAXWELL.** Oct. 6, at the residence of the bride's parents, by Rev. A. S. Millholland, Samuel S. Yoder, M. D., of Bluffton, Allen county, O., and Miss Minerva E. Maxwell, of Berlin, Holmes county, Ohio.

## **DIED.**

**FOULKE.**—In this city, on 30th ult., John L. Foulke, M. D.

**HAYES.**—In Munroe City, Mo., Oct. 11th, Mrs. Alice C. Comings, wife of Dr. J. B. Hayes, formerly of Cornish, N. H., in the 58th year of her age.

**LANCK.**—Near Finleyville, Washington county, Pa., Oct. 3d, Miss Adelaide V., youngest daughter of Wm. B. Lanck, M. D., in the 18th year of her age.

**WIKOFF.**—At Easton, Pa., on the 29th of October, Dr. Isaac C. Wikoff, aged 84 years.